

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

101592974

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		0			
2		1		1		
3						
4						
5		1				
6						
7						
8		3				
9		3				
10		3				
11						
12						
13						
14						
15						
16						
17						
18		3				
19		3				
20		3				
21		3				
22		8				
23		8				
24	1		1			
25		1		1		
26		1				
27		2				
28		2				
29		2				
30		2				
31		2				
32		2				
33		2				
34		2				
35	1					
36	1		1			
37	1		1			
38	1					
39	1					
40			1			
41			1			
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.			5		5	
TOTAL DEP.			35		35	
TOTAL CLAIMS			38		38	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.			5		5	
TOTAL DEP.			35		35	
TOTAL CLAIMS			38		38	